

DEC 22 1941 399  
Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3335 Troost Avenue-2nd Floor South  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 40 Years  
(Specify whether  
In this community 40 Years  
years, months or days)

3. (a) PRINT FULL NAME Mr. Dillard Isaac Weant

3. (b) If veteran, name war NO 3. (c) Social Security No. 497-01-1166

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Julia Weant 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased December 7 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 11 7 hr. min.

9. Birthplace Mexico Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Bartender

11. Industry or business

12. Name George Weant

13. Birthplace Calloway County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mollie McCowan

15. Birthplace Calloway County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Weant

(b) Address 3335 Troost Ave

17. (a) Burial (b) Date thereof Nov. 17, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director O. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 11-15-41 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3335 Troost Avenue-2nd Floor S.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? ----- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14th  
year 1941 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from February 16, 1941, to November 17, 1941; that I last saw him alive on Nov. 18, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Leukemia Duration 4 1/2 hr.  
Sarcoma

Due to Coronary Occlusion 3 days

Due to Chronic Hepatitis

Other conditions (Include pregnancy within 3 months of death)  
Chronic Hepatitis

Major findings: Of operations 131 B

Of autopsy 131 B

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ---  
(b) Date of occurrence ---  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury ---

23. Signature Donald R. Lashley (M. D. brother) ---  
Address 8210 Woodland Date signed 11-14-41

8210 Woodlawn Ave.  
10-5pm

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address T.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.